



# Retirement Application Kit

- You must contact PERSI for a retirement estimate before completing and submitting these forms. The estimate from your annual statement is **not** acceptable for this purpose. **If you do not have an estimate from PERSI, PERSI cannot accept your application** and you may have to fill out the forms again.

## Instructions

- If you do not have a retirement estimate from PERSI, call PERSI to request an estimate:
  - Call 334-3365 from within the Boise Calling area.
  - Call 800-451-8228 from outside the Boise calling area.
- Once you have received your estimate from PERSI, fill out the forms in this kit. (Some forms in this kit may not apply in your case. You may skip a form if it does not apply.)
- Enter the estimate date from your PERSI Estimate in the "PERSI Estimate Information" section below.
- Complete the "Member Information" section below.
- Go to the next page and follow the instructions provided with each form.

PERSI Estimate Information	
Date of PERSI Estimate:	<input type="text"/>

Member Information			
Name (as it appears on your Social Security card)			Social Security Number
First <input type="text"/>	Middle <input type="text"/>	Last <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Mailing Address	Street or P.O. Box <input type="text"/>		
	City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>
Daytime Phone Number		Date of Birth	
Area Code <input type="text"/>	Phone Number <input type="text"/>	Month <input type="text"/>	Day <input type="text"/> Year <input type="text"/>
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married			
Name of Last PERSI Employer <input type="text"/>		Effective Date of Retirement (the first of the month)	
		Month <input type="text"/>	Year <input type="text"/>

### Alternate Date of Birth Evidence

• To receive a retirement benefit, a member and the member's contingent annuitant must furnish satisfactory evidence of date of birth. PERSI requests a birth certificate as proof of date of birth. There are some types of documentary evidence that are acceptable substitutes for a birth certificate. These documents must show date of birth or age at a given date. Send photocopies of documents, not the originals because PERSI keeps them for a permanent record. **Only items from the following lists are acceptable substitutes.**

**Group 1** (If **ONE** item of this group shows age or date of birth, no further evidence is required.)

- Delayed Birth Certificate
- Infant Baptism Certificate
- School Age Record
- Family Record (certified by Notary Public). A copy of all entries of the family record in the Bible referring to the applicant, applicant's parents and siblings, the date of publication of the Bible (or if not shown, the apparent age of the Bible). Also state whether the entry of the applicant's date of birth appears to be old and by whom and when the entry was made. Include a full explanation of corrections or erasures of the family record.
- Census Record (from the Department of Vital Statistics, Washington, DC)
- U.S. Passport

**Group 2** (**TWO** items (showing age or date of birth) from this group are required.)

- Affidavit (certified by Notary Public) by a member of the immediate family who is older than applicant and in a position to know definite details (i.e. mother, father).
- Certificate of Military Record
- Marriage Record
- Certificate of Naturalization (not application or petition)
- Certificate of Citizenship (not application or petition)
- Life Insurance Policy (if over 10 years old)
- Current Driver's License or Hunting or Fishing License.
- Statement of Voters Registration
- Statement of Lodge Record
- Child's Birth Certificate (if applicant is the parent and the parent's age is shown)

If it is impossible to furnish any of the above items, the member should write to PERSI and provide a full explanation of why the documents cannot be furnished.



# Application for Retirement

## Purpose of the Form

- Use this form to apply for retirement, and to name a contingent annuitant if you choose Option 1, 2, 4A, or 4B.

## Instructions

- Read "About Form RS121," attached.

Member Information			
<b>Name</b> (as it appears on your Social Security card)			<b>Social Security Number</b>
<b>First</b> <input type="text"/>	<b>Middle</b> <input type="text"/>	<b>Last</b> <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
<b>Mailing Address</b>	<b>Street or P.O. Box</b> <input type="text"/>		
	<b>City</b> <input type="text"/>	<b>State</b> <input type="text"/>	<b>Zip Code</b> <input type="text"/>
<b>Daytime Phone Number</b>		<b>Date of Birth</b>	
<b>Area Code</b> <input type="text"/>	<b>Phone Number</b> <input type="text"/>	<b>Month</b> <input type="text"/>	<b>Day</b> <input type="text"/> <b>Year</b> <input type="text"/>
<b>Marital Status</b> <input type="checkbox"/> <b>Single</b> <input type="checkbox"/> <b>Married</b>			
<b>Name of Last PERSI Employer</b> <input type="text"/>		<b>Effective Date of Retirement</b> (the first of the month)	
		<b>Month</b> <input type="text"/>	<b>Year</b> <input type="text"/>

Retirement Allowance Options
Choose one option and then initial the checkbox next to your choice.
<input type="checkbox"/> <b>Regular Retirement.</b> A regular retirement allowance based on my life only and terminating at my death with no further allowance payment.
<input type="checkbox"/> <b>Option 1 - 100% Contingent Annuitant.</b> A reduced retirement allowance to me as long as I live, and then the same allowance to my surviving contingent annuitant as long as he or she lives.
<input type="checkbox"/> <b>Option 2 - 50% Contingent Annuitant.</b> A reduced retirement allowance to me as long as I live, and then one-half of the allowance to my surviving contingent annuitant as long as he or she lives.
<input type="checkbox"/> <b>Option 3 - Member Lifetime Only.</b> An increased retirement allowance until Social Security Normal Retirement Age (SSNRA) (65 to 67, depending on birthdate) and a reduced allowance thereafter. The after-SSNRA benefit will be my initial PERSI benefit less the Social Security estimate increased by COLAs.
<input type="checkbox"/> <b>Option 4A - 100% Contingent Annuitant.</b> A reduced Option 3 retirement allowance to me as long as I live, and then the same allowance to my surviving contingent annuitant as long as he or she lives.
<input type="checkbox"/> <b>Option 4B - 50% Contingent Annuitant.</b> A reduced Option 3 retirement allowance to me as long as I live, and then one-half of the allowance to my surviving contingent annuitant as long as he or she lives.

Contingent Annuitant Selection (for Option 1, 2, 4A, or 4B)			
<b>Name</b> (as it appears on the individual's Social Security card)			<b>Social Security Number</b>
<b>First</b> <input type="text"/>	<b>Middle</b> <input type="text"/>	<b>Last</b> <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
<b>Mailing Address</b>	<b>Street or P.O. Box</b> <input type="text"/>		
	<b>City</b> <input type="text"/>	<b>State</b> <input type="text"/>	<b>Zip Code</b> <input type="text"/>
<b>Relationship to Member</b> <input type="text"/>	<b>Date of Birth</b> <b>Month</b> <input type="text"/> <b>Day</b> <input type="text"/> <b>Year</b> <input type="text"/>		



<b>Member Acknowledgment</b>	
<p>I have been provided an estimate of the dollar values of the retirement allowances available to me and chosen the retirement allowance indicated above. I understand that I can change my retirement option only by notifying PERSI in writing no later than five business days after the receipt of my first retirement benefit payment. After this period, I cannot change options after I retire unless either I was (1) not married at the time of my retirement or (2) I elected a contingent annuitant (CA) option, named my spouse as CA, and my spouse predeceased me. Under either of these circumstances, if I later marry, I can choose a CA option at that time and name my spouse as CA no later than one year after marriage.</p> <p>If I selected Option 1, 2, 4A, or 4B, I appoint the individual named as my contingent annuitant to receive an allowance after my death.</p>	
<b>Signature</b>	<b>Date</b>

<b>Notary Public for Member</b>	
<p>State of _____, County of _____</p> <p>On this _____ day of _____, _____, before me</p> <p>_____, a notary public,</p> <p>personally appeared _____,</p> <p>proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.</p>	<b>Seal</b>
<b>Notary Public Signature</b>	
<b>My Commission Expires On</b>	

<b>Spouse Acknowledgement (if married)</b>	
<p>I am the spouse of the member named above. I understand and give my consent to the retirement allowance and the contingent annuitant (if named) indicated above.</p>	
<b>Name</b>	<b>Last</b>
<b>First</b>	
<b>Signature</b>	<b>Date</b>

<b>Notary Public for Spouse</b>	
<p>State of _____, County of _____</p> <p>On this _____ day of _____, _____, before me</p> <p>_____, a notary public,</p> <p>personally appeared _____,</p> <p>proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.</p>	<b>Seal</b>
<b>Notary Public Signature</b>	
<b>My Commission Expires On</b>	

# About Form RS121

## Instructions

- 1** Complete the **Member Information** and **Retirement Allowance Options** sections.
- 2** If you choose Option 1, 2, 4A, or 4B, complete the **Contingent Annuitant Selection** section to name the individual who is to receive your allowance after your death.
- 3** Complete the **Member Acknowledgment** section before a Notary Public. Have the Notary Public complete the **Notary Public for Member** section.
- 4** If you are married, have your spouse complete the **Spouse Acknowledgement** section before a Notary Public. Have the Notary Public complete the **Notary Public for Spouse** section.
- 5** Attach copies of your birth certificate and Social Security card and, if naming a Contingent Annuitant (CA), copies of your CA's birth certificate and Social Security card. (See "**Alternate Date of Birth Evidence**", below.)
- 6** Keep a copy for your records and send the original form to PERSI.

## Retirement Allowance Information

- Retirement becomes effective the first day of the month that you choose.
- Regardless of the option that you choose, the balance of your account will be paid to your beneficiary in the event of your death if total payments to you and your contingent annuitant are less than your accumulated contributions and interest at the time of retirement.
- A "pop-up" provision in the contingent annuitant allowances converts an Option 1 or Option 2 allowance to an unreduced regular allowance if your contingent annuitant dies first. This feature applies only if your final contributions were on or after July 1, 1992, and your retirement was effective October 1, 1992, or later.

## Alternate Date of Birth Evidence

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- Census Record (from the Department of Vital Statistics, Washington, DC)
- U.S. Passport

**Group 2** (**TWO** items (showing age or date of birth) from this group are required.)

- Affidavit (certified by Notary Public) by a member of the immediate family who is older than applicant and in a position to know definite details (i.e. mother, father).
- Certificate of Military Record
- Marriage Record
- Certificate of Naturalization (not application or petition)
- Certificate of Citizenship (not application or petition)
- Life Insurance Policy (if over 10 years old)
- Current Driver's License or Hunting or Fishing License.
- Statement of Voters Registration
- Statement of Lodge Record
- Child's Birth Certificate (if applicant is the parent and the parent's age is shown)

If it is impossible to furnish any of the above items, the member should write to PERSI and provide a full explanation of why the documents cannot be furnished.





# Federal and Idaho Tax Withholding

## Purpose of the Form

- Use this form to indicate your withholdings from your PERSI benefit payment for federal and/or Idaho taxes.

## Instructions

- Read "About RS322," attached.

Member Information			
<b>Name</b> (as it appears on your Social Security card)			<b>Social Security Number</b>
<b>First</b> <input type="text"/>	<b>Middle</b> <input type="text"/>	<b>Last</b> <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
<b>Mailing Address</b>	<b>Street or P.O. Box</b> <input type="text"/>		
	<b>City</b> <input type="text"/>	<b>State</b> <input type="text"/>	<b>Zip Code</b> <input type="text"/>
<b>Daytime Phone Number</b>		<b>Type of Change</b>	
<b>Area Code</b> <input type="text"/>	<b>Phone Number</b> <input type="text"/>	<input type="checkbox"/> <b>Begin my withholdings</b>	
		<input type="checkbox"/> <b>Change my withholdings</b>	

Federal Tax Withholding Options	
<input type="checkbox"/> Do <b>not</b> withhold federal tax.	
<input type="checkbox"/> Withhold a flat amount each month for federal tax.	
Flat Amount: \$ <input type="text"/> Beginning Date: (mm/dd/yyyy) <input type="text"/>	
<input type="checkbox"/> Calculate my monthly federal tax withholding using IRS tax tables, and withhold that amount each month.	
<input type="checkbox"/> Single	Number of exemptions: <input type="text"/>
<input type="checkbox"/> Married	Beginning date: (mm/dd/yyyy) <input type="text"/>
<b>Optional:</b> Withhold the calculated amount plus \$ <input type="text"/> for federal tax.	

State of Idaho Tax Withholding Options	
<input type="checkbox"/> Do <b>not</b> withhold Idaho tax.	
<input type="checkbox"/> Withhold a flat amount each month for Idaho tax.	
Flat Amount: \$ <input type="text"/> Beginning date: (mm/dd/yyyy) <input type="text"/>	
<input type="checkbox"/> Calculate my monthly Idaho tax withholding using Idaho tax tables, and withhold that amount each month.	
<input type="checkbox"/> Single	Number of exemptions: <input type="text"/>
<input type="checkbox"/> Married	Beginning date: (mm/dd/yyyy) <input type="text"/>
<b>Optional:</b> Withhold the calculated amount plus \$ <input type="text"/> for Idaho tax.	

Member Acknowledgment	
<b>Signature</b> <input type="text"/>	<b>Date</b> <input type="text"/>



# About Form RS322

Instructions
Complete the form and send it to PERSI.

Notes About Withholding
<ul style="list-style-type: none"><li>• Generally your PERSI benefit is taxable income. You can have federal and/or Idaho taxes withheld from your monthly PERSI benefit.</li><li>• If you provide no instructions regarding your federal tax withholding, PERSI must withhold federal tax at the rate for a married individual claiming 3 exemptions.</li><li>• You are liable for the payment of taxes, interest, and penalties if your estimated tax and withholding payments are not adequate.</li><li>• Idaho tax withholding from your PERSI benefit is optional.</li><li>• The withholdings you indicate on this form replace your current withholdings.</li></ul>





# Direct Deposit Authorization

## Purpose of the Form

- Use this form to authorize direct deposit of your PERSI benefit payments to a financial institution.

## Instructions

- Complete the form. A designated representative may sign if PERSI has a valid *PERSI Durable Power of Attorney* (RS113) on file.
- Attach a voided check for a checking account or other document for a savings account. The document must show (1) a valid Transit and American Banking Association number of the financial institution and (2) the number of the checking or savings account that you want to use for the direct deposit.
- Send the form to PERSI.

## Changing Accounts

- Consider maintaining accounts at both your old and new financial institutions until the transaction is complete (that is, until the new financial institution receives its first benefit payment). The change you are requesting could take up to 30 days to become effective.

Member Information			
<b>Name</b>			<b>Social Security Number</b>
First	Middle	Last	- -
<b>Mailing Address</b>	Street or P.O. Box		
	City	State	Zip Code
<b>Daytime Phone Number</b>			
Area Code	Phone Number		

Financial Institution Information	
<b>Name of Financial Institution</b>	
<b>Account Information (check one)</b>	<input type="checkbox"/> Checking (Attach a voided check for this account.) <input type="checkbox"/> Savings (Attach a document that shows the routing number of the financial institution and the account number of the savings account.)

Member Acknowledgment	
<p>PERSI is authorized and directed to deposit the net amount of my benefit payments by electronic funds transfer directly to my account at the financial institution named above. This supersedes any previous instructions until canceled by me in writing.</p> <p>I authorize and direct the financial institution to immediately refund any overpayments to PERSI (including any benefit payments made on or after my death), and to charge the same to the named account. PERSI's certification of overpayment shall be sufficient evidence of an overpayment. If the funds remaining in the account are not sufficient to permit the financial institution to fully refund overpayments, I authorize and direct the financial institution to provide to PERSI all information related to the account, including transactions since the first of the month in which my death occurs, and the names and addresses of all joint account holders and any individuals authorized to withdraw funds from the designated account.</p> <p>I agree that jurisdiction over any collection actions related to the recovery of any funds transferred to the designated account by PERSI will be exclusively in the courts of the State of Idaho.</p>	
<b>Signature</b>	<b>Date</b>







# PERSI Durable Power of Attorney

## Purpose of the Form

- Use this form to designate another individual as your power of attorney to conduct business with PERSI on your behalf.

## Instructions

- 1 Read "About Form RS113," on page 3.
- 2 Complete the **Member Information** on page 1.
- 3 Complete the **Power of Attorney Appointment and Certification** section on page 2. You must write your name in both the Member Name Section of page 2 and the Member Information section on page 1.
- 4 Have your designee complete the **Designee Acknowledgment** section on page 2.
- 5 Sign the Power of Attorney Appointment and Certification section before a Notary Public. Have the Notary Public complete the Notary Public for Member section.
- 6 Send the form to PERSI.

Member Information			
<b>Name</b> (as it appears on your Social Security card)			<b>Social Security Number</b>
<b>First</b>	<input type="text"/>	<b>Middle</b>	<input type="text"/>
<b>Last</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Mailing Address</b>	<b>Street or P.O. Box</b> <input type="text"/>		
	<b>City</b> <input type="text"/>	<b>State</b> <input type="text"/>	<b>Zip Code</b> <input type="text"/>
<b>Residence Address (if different)</b>	<b>Street or P.O. Box</b> <input type="text"/>		
	<b>City</b> <input type="text"/>	<b>State</b> <input type="text"/>	<b>Zip Code</b> <input type="text"/>
<b>Daytime Phone Number</b>			
<b>Area Code</b>	<input type="text"/>	<b>Phone Number</b>	<input type="text"/>

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Power of Attorney Appointment and Certification				
<b>Member Name</b>	<b>First</b>	<input style="width: 95%;" type="text"/>	<b>Middle</b>	<input style="width: 95%;" type="text"/>
	<b>Last</b>	<input style="width: 95%;" type="text"/>		
<p>I hereby make, constitute, and appoint the following my true and lawful Attorney-in-Fact to act in my place for the purpose of conducting business with PERSI on my behalf. Such business shall include but not be limited to completing address or direct deposit changes and endorsing benefit checks, granting and giving unto said Attorney-in-Fact full authority and power to do and perform any and all acts necessary or incidental to the performance and execution of the power herein expressly granted, with the power to do and perform all acts authorized hereby, as fully to all intents and purposes as the grantor might or could do if personally present, with full power of substitution. This designation applies to my PERSI Base Plan and PERSI Choice Plan (if any). PERSI may release any and all information to said Attorney-in-Fact concerning my account.</p> <p><b>This power of attorney shall not be affected by my subsequent disability or incapacity, and is valid until I notify PERSI in writing to revoke it. I hereby revoke all previous power of attorney designations as related to PERSI, if any.</b></p>				
<b>Name of Designee</b>			<b>Relationship to Member</b>	
<b>Mailing Address</b>	<b>Street or P.O. Box</b>			
	<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Daytime Phone Number</b>	<b>Area Code</b>	<b>Phone Number</b>		
<b>Member Signature</b>			<b>Date</b>	

Notary Public for Member	
<p>State of _____, County of _____</p> <p>On this _____ day of _____, _____, before me</p> <p>_____, a notary public,</p> <p>personally appeared _____,</p> <p>proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.</p>	<b>Seal</b>
<b>Notary Public Signature</b>	
<b>My Commission Expires On</b>	

Designee Acknowledgment	
<b>Designee Signature</b>	<b>Social Security Number</b>
	<div style="display: inline-block; width: 15%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: inline-block; width: 15%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: inline-block; width: 15%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: inline-block; width: 15%; border-bottom: 1px solid black; margin-bottom: 5px;"></div>

# About Form RS113

## Why You Should Sign a PERSI Durable Power of Attorney

If a PERSI member becomes unfit or unable to handle his or her own affairs, the member's family generally wants the right to manage the member's obligations and PERSI benefits. Unfortunately, unless PERSI has a Durable Power of Attorney authorizing family members to care for such matters, these rights cannot be granted.

The *PERSI Durable Power of Attorney* form gives you the opportunity to assign one or more individuals the right to make decisions regarding your accounts. PERSI holds the form on file, and if someone tries to act on your account, PERSI verifies that the person is authorized to act on your behalf. All powers of attorney are subject to verification.

You may change your designee at any time by completing a new form and submitting it to PERSI.

**For PERSI purposes, you may provide us with a copy of a general Durable Power of Attorney, or you may complete this *PERSI Durable Power of Attorney* form that applies only to PERSI matters.** This form limits the attorney-in-fact to certain administrative functions. PERSI will not accept a power of attorney for major decisions such as selection of a retirement option or requesting an account withdrawal for a vested member.

### Effective Upon Receipt

As soon as PERSI receives a Durable Power of Attorney, the designee is authorized to act on an account. The member need not be incapacitated for the designee to handle the PERSI accounts.

### False Claims

It is against the law in the State of Idaho for any individual (including PERSI members, spouses, beneficiaries, or family) to knowingly make a false claim for benefits or money from PERSI.

## Information About Powers of Attorney

Generally, a power of attorney is a document, signed by the principal (the member who grants a power of attorney), authorizing an agent to act on his or her behalf. The agent who is granted a power of attorney is called the "attorney-in-fact." Acts by the attorney-in-fact within the scope of the power of attorney bind the principal. The authority granted by a power of attorney is governed by the terms of the document and operates prospectively only unless otherwise noted. A power of attorney granting broad authority is called a "general power of attorney." A power of attorney granting authority for limited purposes is called a "limited" or "specific power of attorney." A PERSI Durable Power of Attorney is limited to PERSI matters only.

### Revoking a Power of Attorney

A power of attorney can generally be revoked orally or in writing, or by seizing and destroying the previously assigned Durable Power of Attorney. A subsequent appointment by a court of a conservator or guardian does not by itself invalidate a power of attorney. However, the court-appointed fiduciary may revoke or amend the power of attorney. A court will generally appoint the principal's nominee as guardian or conservator if named in the power of attorney, unless that nominee is shown to be disqualified or for good cause.

A power of attorney is not revoked by the death of the principal until the attorney-in-fact has notice of the death. Likewise, in the case of a power of attorney that is not a durable power, the disability or incapacity of the principal does not revoke the power until the attorney-in-fact has notice of the disability or incapacity.

### Durable Power of Attorney

"Durable" means that the power of attorney survives notwithstanding the principal's subsequent disability or incapacity. The Durable Power of Attorney must contain language similar to the following:

"This power of attorney shall not be affected by subsequent disability or incapacity." **or**

"This power of attorney shall become effective upon the disability or incapacity of the principal."





# Beneficiary Designation

## Purpose of the Form

- Use this form to designate beneficiaries to receive your PERSI Base Plan and Choice Plan death benefits.

## Instructions

- Read "About Form RS115," attached.

Member Information					
<b>Name</b>			<b>Social Security Number</b>		
First	Middle	Last		-	
<b>Mailing Address</b>	<b>Street or P.O. Box</b>				
	<b>City</b>	<b>State</b>	<b>Zip Code</b>		
<b>Daytime Phone Number</b>			<b>Marital Status</b>		
Area Code	Phone Number		<input type="checkbox"/> Single <input type="checkbox"/> Married		

Primary Beneficiary or Beneficiaries					
Name	Social Security or Tax ID Number	Date of Birth	Relationship to You	Benefit %	Nominate a custodian under the Idaho UTMA
					<input type="checkbox"/> Check this box and go to page 2.
					<input type="checkbox"/> Check this box and go to page 2.
					<input type="checkbox"/> Check this box and go to page 2.
					<input type="checkbox"/> Check this box and go to page 2.

Secondary Beneficiary or Beneficiaries					
Name	Social Security or Tax ID Number	Date of Birth	Relationship to You	Benefit %	Nominate a custodian under the Idaho UTMA
					<input type="checkbox"/> Check this box and go to page 2.
					<input type="checkbox"/> Check this box and go to page 2.
					<input type="checkbox"/> Check this box and go to page 2.
					<input type="checkbox"/> Check this box and go to page 2.

Member Acknowledgment	
I understand the instructions and information under "About Form RS115." I revoke all previous PERSI beneficiary designations and request that any PERSI benefits payable after my death be made as indicated herein. I may change this designation by filing a new form. This designation applies to my PERSI Base and Choice Plan accounts.	
<b>Signature</b>	<b>Date</b>



**Custodian Nominations for Minor Beneficiaries under the Idaho Uniform Transfers to Minors Act**

• Use this section to nominate custodians and substitute custodians for minor beneficiaries under the Idaho Uniform Transfers to Minors Act. Attach a copy of this page if nominating custodians for more than 4 minor beneficiaries.

**• Instructions**

**1** Write the minor beneficiary's name in the top box.

**2** Write the custodian's name, social security number, address, and telephone number in the appropriate boxes. You can nominate a substitute custodian to serve in the event the nominated custodian is unable. List each minor beneficiary separately, even if you are nominating the same custodian for all minor beneficiaries.

**Minor Beneficiary Name:**

Custodian Information		Substitute Information	
<b>Name:</b>		<b>Name:</b>	
<b>SSN:</b>		<b>SSN:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>City, St, Zip:</b>		<b>City, St, Zip:</b>	
<b>Telephone:</b>		<b>Telephone:</b>	

**Minor Beneficiary Name:**

Custodian Information		Substitute Information	
<b>Name:</b>		<b>Name:</b>	
<b>SSN:</b>		<b>SSN:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>City, St, Zip:</b>		<b>City, St, Zip:</b>	
<b>Telephone:</b>		<b>Telephone:</b>	

**Minor Beneficiary Name:**

Custodian Information		Substitute Information	
<b>Name:</b>		<b>Name:</b>	
<b>SSN:</b>		<b>SSN:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>City, St, Zip:</b>		<b>City, St, Zip:</b>	
<b>Telephone:</b>		<b>Telephone:</b>	

**Minor Beneficiary Name:**

Custodian Information		Substitute Information	
<b>Name:</b>		<b>Name:</b>	
<b>SSN:</b>		<b>SSN:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>City, St, Zip:</b>		<b>City, St, Zip:</b>	
<b>Telephone:</b>		<b>Telephone:</b>	



# About Form RS115

## Instructions

**1** Complete the form. If more space is needed, attach an additional signed and dated sheet of paper. If any designated beneficiary is a minor, complete page 2 if you choose to nominate an adult custodian to receive the funds for the minor. PERSI cannot pay a death benefit directly to a minor beneficiary.

**2** Send the form to PERSI.

**Note:** The form is not valid unless signed, dated, and on file with PERSI.

## Types of Beneficiaries

- **Primary beneficiary or beneficiaries.** The first person or persons to receive death benefits when you die. If you select one person only, he or she receives 100% of the benefits.
- **Secondary beneficiary or beneficiaries.** Person or persons to receive death benefits if no primary beneficiary or beneficiaries are alive when you die.
- **Default beneficiary.** If PERSI does not have a beneficiary designation on file, death benefits are paid by law to the following: (1) To your surviving spouse. (2) If you have no surviving spouse, to your estate. If you agree with this default distribution and you have not previously submitted a beneficiary designation form, you do not need to designate a beneficiary or submit this form. However, payment of death benefits could be delayed if PERSI has no designation on file.

## Notes About Designating Beneficiaries

- Choose your beneficiaries carefully. Your PERSI funds might be your largest financial asset.
- If you select two or more people as primary or secondary beneficiaries, indicate what percentage each is to receive (the percentages must equal 100%).
- You can designate "all my living children" if you want your children to share equally in all or a percentage of the funds. If your children are to receive unequal shares, you must list them separately.
- If you are designating one or more minors as beneficiary, you should specify how you want your death benefit transferred if you die before the beneficiary reaches legal age of majority. PERSI cannot disperse the money to a minor, so if you don't nominate a custodian on this form, a court may have to appoint an adult to serve as conservator of the funds. This form provides an easy and inexpensive way to transfer death benefits to a minor through the Idaho Uniform Transfers to Minors Act (UTMA). This law enables you to nominate a custodian, and substitute custodian, for your minor beneficiary, and authorizes PERSI to pay your death benefit to the custodian. To nominate a custodian for a minor beneficiary, fill out page 2 of this form.
- If you use the UTMA to nominate a custodian for your minor beneficiary, be aware that the legal age of majority under the UTMA is 21, even though the statutory age of majority in Idaho is 18. If you die before your beneficiary is 21 years of age, the money will go to and remain in the custodian's care until the beneficiary reaches age 21.
- Always provide full names (Mary Elizabeth Smith, **not** Mary Smith). For a married woman, use her full name (Mary Elizabeth Smith, **not** Mrs. Bob Smith). Include the relationship to you.
- This beneficiary designation is for PERSI Base Plan and Choice Plan death benefits **only**. Any designations you make for a will or an insurance policy do not substitute for the PERSI beneficiary designation.
- Submit a new *Beneficiary Designation* (RS115) to PERSI if your marital status changes.
- Complete a *Member Name Change* (RS111) if your name changes. If you are an active member, (working for a PERSI employer and making contributions) give the form to your payroll clerk. If not, send the form to PERSI.
- Percentages must be in whole numbers. Do **not** use fractions of a percent.
- You can change your designations at any time by submitting a new *Beneficiary Designation* (RS115).
- If you make an error, initial and date any corrections.

### Minor Children, Trusts, Wills, and Charities as Beneficiaries

- **Minor children.** To designate a minor child as a primary or secondary beneficiary, you should consider transferring the money to a custodian for the child under the provisions of the Idaho Uniform Transfers to Minors Act (UTMA). Using PERSI form RS115 page 2 meets the UTMA requirements.
- **Trusts.** If you want to designate your Living Trust, show the date of the trust agreement and the name(s) of the Trustee(s). If a bank or trust company is the Trustee, attach a separate document containing the Trustee's address. Provide PERSI with a copy of the trust's registration, if available. The trust must have a tax ID number.
- **Wills.** Write "the Executor of my Estate" or "the Administrator of my Estate" to designate your estate as beneficiary. Do not name the executor, because the executor will be appointed later by the court.
- **Charities.** You can name a specific charity as beneficiary. For more information about payment of death benefits to charities, PERSI recommends that you consult with a qualified attorney.

### Example 1

Primary Beneficiary or Beneficiaries					
Name	Social Security or Tax ID Number	Date of Birth	Relationship to You	Benefit %	Nominate a custodian under the Idaho UTMA
Phillip Lee Thompson	000-01-0011	07-11-1937	Spouse	100%	<input type="checkbox"/> Check this box and go to page 2.
					<input type="checkbox"/> Check this box and go to page 2.

Secondary Beneficiary or Beneficiaries					
Name	Social Security or Tax ID Number	Date of Birth	Relationship to You	Benefit %	Nominate a custodian under the Idaho UTMA
All my living children				80%	<input type="checkbox"/> Check this box and go to page 2.
Rebecca Joan Smith	000-02-0220	01-02-1958	Sister	20%	<input type="checkbox"/> Check this box and go to page 2.

### Example 2

Primary Beneficiary or Beneficiaries					
Name	Social Security or Tax ID Number	Date of Birth	Relationship to You	Benefit %	Nominate a custodian under the Idaho UTMA
Sally Jones	000-03-0033	08-21-1994	Daughter	34%	<input type="checkbox"/> Check this box and go to page 2.
Alice Jones	000-04-0044	11-14-1991	Daughter	33%	<input type="checkbox"/> Check this box and go to page 2.
Andrew Jones	000-05-0055	02-29-1987	Son	33%	<input type="checkbox"/> Check this box and go to page 2.

Primary Beneficiary or Beneficiaries					
Name	Social Security or Tax ID Number	Date of Birth	Relationship to You	Benefit %	Nominate a custodian under the Idaho UTMA
The administrator of my estate			Estate	100%	<input type="checkbox"/> Check this box and go to page 2.
					<input type="checkbox"/> Check this box and go to page 2.



# Sick Leave Deduction Authorization

## Purpose of the Form

- Use this form to authorize PERSI to deduct from your sick leave entitlement and your monthly PERSI benefit to pay applicable employer-sponsored health, vision, dental, life, and long-term care insurance premiums.

## Instructions

- Complete the form and send it to PERSI.

**Note:** Notify PERSI in writing if at any time you want PERSI to stop deducting your premiums.

Member Information			
<b>Name</b>			<b>Social Security Number</b>
<b>First</b> <input type="text"/>	<b>Middle</b> <input type="text"/>	<b>Last</b> <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
<b>Mailing Address</b>	<b>Street or P.O. Box</b> <input type="text"/>		
	<b>City</b> <input type="text"/>	<b>State</b> <input type="text"/>	<b>Zip Code</b> <input type="text"/>
<b>Daytime Phone Number</b>			
<b>Area Code</b> <input type="text"/>	<b>Phone Number</b> <input type="text"/>		

Deduction Elections	
<input type="checkbox"/> <b>Election 1.</b> Deduct my insurance premiums from my sick leave entitlement.	<b>Result:</b> After the entitlement is depleted, your insurance premiums will be deducted from your monthly benefit unless you instruct PERSI otherwise.
<input type="checkbox"/> <b>Election 2.</b> Divide my sick leave entitlement into equal monthly payments, and deduct the remaining payment amount from my monthly benefit check.  Deduct this fixed amount from my sick leave entitlement. \$ <input type="text"/>	<b>Result:</b> After the entitlement is depleted, the full amount of your insurance premiums will be deducted from your monthly benefit check unless you instruct PERSI otherwise.
<input type="checkbox"/> <b>Election 3.</b> Deduct a percentage of each insurance payment from my sick leave entitlement, and deduct the remaining payment amount from my monthly benefit check.  Deduct this percentage from my sick leave entitlement. <input type="text"/> %	<b>Result:</b> This percentage will be used for all eligible insurances you carry. After the entitlement is depleted, the full amount of your insurance premiums will be deducted from your monthly benefit check unless you instruct PERSI otherwise.
<b>Election Change</b> <ul style="list-style-type: none"><li>• You cannot change an election after you choose it unless a "life event" changes your insurance policy (note that a normal premium increase is not a life event).</li><li>• Election 1 will be chosen for you if you do not select one of the elections above.</li></ul>	

Member Acknowledgment	
By participating in the sick leave program and by agreeing to have insurance payments administered by PERSI, I authorize PERSI to release certain information to my former employer and to the insurance company to service my insurance policies during the year and for annual renewals.	
Idaho Code §67-5339 and §33-1228 require unexpended sick leave benefits to revert back to the general sick leave fund when a member dies and they cannot be transferred to a spouse or beneficiary. If I choose Election 2 or Election 3, I understand that such a reversion is more likely to occur because the benefits are spread over an extended period.	
<b>Signature</b> <input type="text"/>	<b>Date</b> <input type="text"/>



